

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

FILED NO. **T07502454** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER AMENDMENT		AFTER RE-AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3			
TOTAL DEP.	22			
TOTAL CLAIMS	25			

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TOTAL CLAIMS				